



THE LAW FIRM OF

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CERTIFIED SPECIALIST, FRANCHISE AND DISTRIBUTION LAW  
THE STATE BAR OF CALIFORNIA  
BOARD OF LEGAL SPECIALIZATION

April 19, 2021

**VIA WI E-FILING**

Franchise Examiner  
Department of Financial Institutions  
Division of Securities  
345 West Washington Avenue  
Madison, Wisconsin 53703

Dear Sir or Madam:

On behalf of our client, **Blue Stamp Franchise Company**, doing business as "Postal Connection" and "iSold It" [**File No. 622532**] ("Applicant"), to renew Applicant's franchise registration in Wisconsin, attached are the following:

1. Applicant's Franchise Registration Renewal Application and Certification (Form A), accompanied by one complete copy of Applicant's updated and revised franchise disclosure document ("FDD").
2. Uniform Franchise Consent to Service of Process (Form C).
3. Consent letter of auditor to inclusion in the FDD of Applicant's audited financial statement for 2020. This audited statement is included in Exhibit B to the FDD.

The state filing fee of \$400.00 is being concurrently paid by credit card.

We acknowledge that Applicant's registration is granted upon receipt of application and will expire one year after registration.

Very truly yours,



DON M. DRYSDALE

**FORM A – Uniform Franchise Registration Application****UNIFORM FRANCHISE REGISTRATION APPLICATION**

File No. 622532  
(Insert file number of immediately preceding filing of Applicant)

Fee: \$400.00

State: Wisconsin

Date: April 14, 2021

**APPLICATION FOR (Check only one):**

           **INITIAL REGISTRATION OF AN OFFER OR SALE OF FRANCHISES  
[REINSTATEMENT]**

  X   **RENEWAL APPLICATION OR ANNUAL REPORT**

           **AMENDMENT NUMBER            TO APPLICATION  
PRE-EFFECTIVE AMENDMENT**

           **AMENDMENT NUMBER            TO APPLICATION  
POST-EFFECTIVE MATERIAL AMENDMENT**

**1. Full legal name of Franchisor:**

Blue Stamp Franchise Company

**2. Name of the franchise offering:**

Postal Connections and iSold It

**3. Franchisor's principal business address:**

6136 Frisco Square Blvd., Ste. 400, Frisco, Texas 75034-3251.

**4. Name and address of Franchisor's agent in this State authorized to receive service of process:**

Wisconsin Commissioner of Securities, 201 W Washington Avenue, Suite 300, Madison, Wisconsin 53703-2640.

**5. The states in which this application is or will be shortly on file:**

California, Hawaii, Illinois, Indiana, Maryland, Michigan, Minnesota, New York, North Dakota, Rhode Island, South Dakota, Virginia, Washington, and Wisconsin.

**6. Name, address, telephone and facsimile numbers, and e-mail address of person to whom communications regarding this application should be directed:**

Don M. Drysdale; Lee, Hong, Degerman, Kang & Waimey; 3501 Jamboree Road, Suite 6000, Newport Beach, California 92660-2960, telephone (949) 419-8730 and facsimile (949) 856-3245; E-mail: ddrysdale@lhlaw.com

**CERTIFICATION**

I certify and swear under penalty of law that I have read and know the contents of this application, including the Franchise Disclosure Document with an issuance date of April 9, 2021, as it may be amended, attached as an exhibit, and that all material facts stated in all those documents are accurate and those documents do not contain any material omissions. I further certify that I am duly authorized to make this certification on behalf of the Franchisor and that I do so upon my personal knowledge.

Signed at San Diego, California, on April 16, 2021.

FRANCHISOR:

BLUE STAMP FRANCHISE COMPANY

By:   
 Name: Andy Thompson  
 Title: Chief Executive Officer

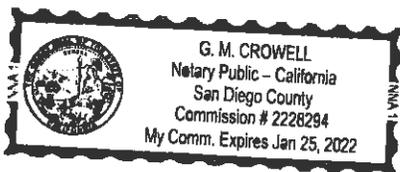
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA    )  
   ) ss.:  
 COUNTY OF SAN DIEGO    )

On April 16, 2021, before me, Gale Crowell, Notary Public, personally appeared Andy Thompson, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature   
 Notary Public

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